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PTO/SB/31 (06-04)

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**NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES**Docket Number (Optional)
P03231 (6639-000048/US)I hereby certify that this correspondence is being sent by facsimile to the "Commissioner for Patents" at facsimile number 571-273-8300 on April 30, 2007.

Signature

Typed or printed
name

Michael L. Smith

In re Application of
Laurence J. Cull, et al.

Application Number

10/674,094

Filed

September 29, 2003

For PERISTALTIC PUMP FITMENT FOR ATTACHMENT TO AN
ASPIRANT COLLECTION BAGArt Unit
3761Examiner
Leslie R. Deak

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 500.00.

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$ ____.

☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 08-0750. I have enclosed a duplicate copy of this sheet.☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.☐ assignee of record of the entire interest.See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/95)☒ attorney or agent of record.Registration number 35,685☐ attorney or agent acting under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. ____

Signature

Michael L. Smith

Typed or printed name

(314) 446-7646

Telephone number

April 30, 2007

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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05/03/2007 HLE333 00000005 080750 10674094

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PAGE 2/3 * RCVD AT 4/30/2007 4:22:10 PM [Eastern Daylight Time] * SVR:USPTO-EFXXF-5/3 * DNIS:2738300 * CSID:3147267501 * DURATION (mm:ss):00:58

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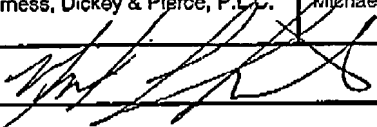
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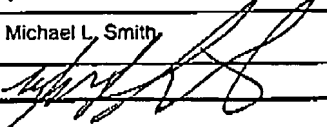
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/674,094	
	Filing Date	September 29, 2003	
	First Named Inventor	Laurence J. Cull, et al.	
	Art Unit	3761	
	Examiner Name	Leslie R. Deak	
Total Number of Pages in This Submission	3	Attorney Docket Number	P03231 (6639-000048/US)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Michael L. Smith
Signature			Reg. No. 35,685
Date	April 30, 2007		

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Typed or printed name	Michael L. Smith	Express Mail Label No.	
Signature		Date	April 30, 2007

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